

We understand how important it is for your mailing projects to be on time! By using this form, you will provide Dept of Printing with critical information concerning your mailing and assist us in meeting your important deadlines.

Submit this completed form with your A-21 or A-24 and your mailing list to:

MS: 47100 Campus or PO Box 798, Olympia, WA 98507-0798 or Fax this form to: 360-586-8444 Your data files can be E-mailed to: Mail@Prt.WA.Gov.

If possible, please include a copy of your Requistion.

Date:	A-21:	A-24: _	Re	q No:
Due Date to Pos	Required	Early / Late delivery options: sooner than:	NO later tha	n:
Agency:	Contact name:		Contact #: _	
Mailing piece description		Exact Approx.	Job name or Name of print	ted piece
of	elf mailer Height X Post card Height X	Width Booklet Width Envelopes	Height Width X number of with inserts.	Variable Information Please provide insert sample
Class of mail-Shipping options:	1st Class Standard Bulk R: Permit #: Permit #:	Non Profit Bulk Rate Permit #:	Campus Foreign/International Other:	
Disc / tape 3.5 floppy CD-Rom Zip disc 9 track tap	disc FTP - Upload Other:	ment		
ASCII (dbf, *.dbc) If you ha	we any questions about format se call the (360) 753-6820, to	
	of Printing use only			
	les processed	Process by: MI	Н СР	
Piece desc	ight Width X			Final count
# in sample	Thickness	weight transfer weight from lbs. to o		■ 0Z
ACE Forma	t Pre	sort scheme	label format	
Cost center / C	hargeable			